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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number	10/796,875	
Filing Date	March 8, 2004	
First Named Inventor	Lurie, Keith G.	
Art Unit	1614	
Examiner Name		
Attorney Docket Number	016354-005213US	

ENCLOSURES (Check all that apply)						
Fee Transmittal Form Fee Attached Preliminary Amendment After Final Affidavits/declara Extension of Time Reque Express Abandonment R Information Disclosure St	Drawing(s) Licensing-related Papers Petition Petition to Convert to a Provisional Application Power of Attorney, Revocation Change of Correspondence Address Terminal Disclaimer Request Request for Refund CD, Number of CD(s)	After Allowance Communication to Technology Center (TC) Appeal Communication to Board of Appeals and Interferences Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) Proprietary Information Status Letter Other Enclosure(s) (please identify below):				
Certified Copy of Priority Document(s) Response to Missing Par Incomplete Application Response to Miss under 37 CFR 1.5	ts/ Account 20-1430.	to charge any additional fees to Deposit				
	SIGNATURE OF APPLICANT, ATTORNEY, OR	AGENT				
Firm or Individual name Darin J. Gi Signature July 29, 20	<i>y</i> .	464				
	CERTIFICATE OF TRANSMISSION/MAILI	NG				
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below. Typed or printed name Connie Larson						
Signature Ø	Onnie, Larron	Date July 29, 2004				

PTO/SB/17	(10-03)
F 10/3D/17	(10-00)

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FEE TRANSMITTAL for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$

\$)	106

Complete if Known

Application Number 10/796,875

Filing Date March 8, 2004

First Named Inventor Lurie, Keith G.

Examiner Name

Art Unit 1614

Attorney Docket No. 016354-005213US

METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)							
Check Credit C	ard Money Order Other	None	3. ADD	ITIONAL F	EES				
Deposit Account:			Large	Entity	Small	Entity			
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	65 Plant filing fee		1402	290	2402	145	Request for oral hearing	appear	
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Complete (if applicable)									

SUBMITTED BY

Name (Print/Type)

Darin J. Gibby

Registration No. (Attorney/Agent)

Signature

Complete (if applicable)

Registration No. (Attorney/Agent)

38,464

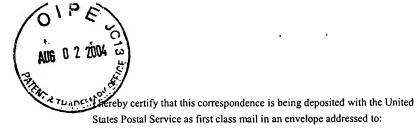
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July 29, 2004

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PATENT

Attorney Docket No.: 016354-005213US

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

TOWNSEND and TOWNSEND and CREW LLP

By: Counie Laria

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Keith G. Lurie

Application No.: 10/796,875

Filed: March 8, 2004

For: VENTILATOR AND METHODS FOR TREATING HEAD TRAUMA AND LOW BLOOD CIRCULATION

Customer No.: 20350

Confirmation No. 2670

Examiner:

Technology Center/Art Unit:

PRELIMINARY AMENDMENT

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

Prior to examination of the above-referenced application, please enter the

following amendments and remarks:

Amendments to the Claims are reflected in the listing of claims which begins on page of this paper.

Remarks begin on page 7 of this paper.

)8/03/2004 BSAYASI1 00000006 201430)1 FC:2201 43.00 DA)2 FC:2202 63.00 DA